

Agricultural Research Service
Hurricane Katrina Safe Haven Data Form

Employee: _____ SSN : _____

Phone: _____ Supervisor: _____

Current Mailing Address: _____

Federal Express Address: _____

(Needed for pre-paid card)

Evacuation Date: _____

Safe Haven Location(s): _____ **H S F**

City State (H = Hotel, S = Shelter, F = Family/Friend)

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**** Pre-paid card to advance subsistence for dependents is requested. Yes No**

Dependents:	Name	Relationship	Birthdate
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Dependents are relatives who reside with employee and dependent on employee for support.

Lodging expenses will not be paid in cases where employee and his/her dependents stay with friends or family or lodging is paid by a relief agency or insurance. Reimbursement will be reduced for any meals provided to the employee and his/her dependents by other government agencies, relief agencies, and complimentary lodging meals.

I _____ acknowledge that the information furnished above is correct and complete to the best of my knowledge.

REMINDERS:

- The employee is the only one authorized to use the Bank of America travel card, do not allow other to make charges or ATM withdrawals.
- The employee is personally responsible for repayment of each charge made on their travel card, including any ATM withdrawals, upon receipt of the monthly statement.
- Keep all lodging receipts and ATM withdrawal transactions; you will need to provide these when you submit your vouchers.
- Vouchers are to be sent in biweekly or monthly until further notice.
- The amount submitted on the SF-1164 for reimbursement of expenses of dependents will be reduced by the amount of any pre-paid card provided.
- Safe haven will continue until your residence can be occupied or 180 days; whichever comes first.

Supervisor's Signature: _____ Date: _____